

**MINUTES
of the
SIXTH MEETING
of the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**November 20-22, 2006
State Capitol, Santa Fe**

The sixth meeting of the Legislative Health and Human Services Committee (LHHS) for the 2006 interim was called to order by Representative Danice Picraux, chair, on Monday, November 20, 2006, at 9:10 a.m. at the State Capitol.

Present

Rep. Danice Picraux, Chair
Sen. Dede Feldman, Vice Chair
Sen. Rod Adair (11/22)
Rep. Keith J. Gardner
Sen. Steve Komadina
Sen. Mary Kay Papen
Rep. Jim R. Trujillo

Absent

Rep. William "Ed" Boykin

Advisory Members

Rep. Ray Begaye
Rep. Gail Chasey (11/22)
Rep. Miguel P. Garcia
Rep. Irvin Harrison (11/20, 11/22)
Rep. John A. Heaton (11/20, 11/21)
Sen. Gay G. Kernan (11/20, 11/21)
Sen. Linda M. Lopez (11/21, 11/22)
Rep. Antonio Lujan
Rep. Rick Miera (11/21)
Sen. Gerald Ortiz y Pino
Sen. Nancy Rodriguez
Rep. Edward C. Sandoval
Sen. Leonard Tsosie (11/22)
Rep. Luciano "Lucky" Varela (11/21, 11/22)
Rep. Gloria C. Vaughn

Sen. Sue Wilson Beffort
Sen. Clinton D. Harden, Jr.
Sen. Timothy Z. Jennings
Rep. James Roger Madalena
Rep. Terry T. Marquardt

(Attendance dates are noted for those members not present for the entire meeting.)

Staff

Jennie Lusk
Ramona Schmidt
Tim Crawford

Guests

The guest list is in the meeting file.

Copies of all handouts and written testimony are in the meeting file.

Monday, November 20

Aging and Long-Term Services Department Memorials

Secretary of Aging and Long-Term Services Debbie Armstrong reported on House Memorials 36 and 4, which involve New Mexico's response to the White House Conference on Aging and Financing of Long-Term Care, respectively.

As to the conference on aging, Secretary Armstrong noted that New Mexico is expected to double the number of persons over 65 by the year 2030 and become home to the fourth highest population of persons over 65 by the year 2025. At the same time, her department is projecting a shortfall in the number of caregivers. The Interagency Long-Term Care Committee sent a delegation of 17 persons to the White House conference, which had a priority of rebalancing home and community-based care. New Mexico legislation passed in 2003 that created the Aging and Long-Term Services Department (ALTSD) had the same rebalancing as a priority, in the wake of the *Olmstead* decision of the supreme court holding that segregation in institutions can be, in and of itself, a form of discrimination.

Today's top five priorities for New Mexico are rebalancing, transportation, workforce, financing of long-term services and housing. These five are among the federal government's top 10 priorities. New Mexico and Oregon now lead the nation in reducing institutional housing for both the elderly population and those with disabilities. Community-based programs now include "Mi Via", which went live on November 1; a federal demonstration grant on the Money Follows the Person Act, plan for an expansion of the Aging and Developmental Disabilities Resource Center, which already gets about 200 calls per day; a web-based resource directory that includes 10,000 providers; and a one-stop shop for eligibility determinations.

ALTSD is also concerned about better coordination of transportation services for Bernalillo, Valencia, Sandoval and Tarrant counties; statewide housing including young people in foster care; expanding the workforce to be ready for the day when 25 percent of the population is over 65 years old; providing senior mentors for younger people and Office of Workforce Training and Development (OWTD) clients; and a more aggressive leveraging of long-term care funds. The secretary mentioned that middle- and higher-income people can benefit from long-term care partnerships, but many cannot afford the premiums required to protect their assets.

Committee members raised questions concerning the impact of migration of the youth in the state and its impact on demographics; accountability of the Housing Trust Fund for affordable housing for those with developmental disabilities; integration of the information technology systems; telemedicine strengths versus weaknesses (including the need for direct service

providers such as physical therapists); the wisdom of creating a state pool for long-term care insurance; the status of "211" resource directories; the status of appropriations for grandparents raising their grandchildren; the Transit Fund; geriatrics education; and the decline in volunteerism. Secretary Armstrong introduced members of her staff.

Updating Public Health Statutes

Clifford M. Rees addressed the committee on New Mexico public health law reform and the past and future reform attempts. He noted that Representative Trujillo has agreed to sponsor a bill to begin to clean up areas within the Public Health Act for the 2007 session. He also noted that a new Public Health Code has now been introduced in 33 states, and 44 bills have passed. Committee members discussed the need for consolidation of health law-related statutes, support of the initiative for a new health code, the cost of redrafting the Public Health Code and the resources available and department support to recompile the Public Health Code.

Mr. Rees said it would take no money to change the code, as there are many volunteers prepared to help, and addressed Raul Burciaga's concern at the Legislative Council Service about losing any legislative history through an update of statutes. The committee recommended working on aspects involving nutrition, exercise and environmental pollutants and other controversial subjects at a later date, but drafting on noncontroversial subjects this session. The committee expressed concerns about the potential of having to wait through two long sessions to commence the work of a revision, and Mr. Rees suggested revising small pieces to begin with, including working this session on the licensing of children's facilities that the Children, Youth and Families Department (CYFD) is already planning to seek to amend.

Senator Feldman asked why the Department of Health (DOH) was absent from these discussions. DOH Legislative Liaison Sam Howarth and Acting Deputy Secretary Kathy Kunkell, who were in the audience, expressed concern about opening up issues that could lead to contentious debate, inevitably causing a back and forth on the merits as well as the codification or revisions. The committee suggested looking at areas where there is general agreement, making the revisions easier, and then moving to more difficult subjects later.

Statutory Changes Suggested by the Board of Nursing

Allison Kozlowski and Deborah Werner spoke to the committee on suggested statutory changes by the Board of Nursing, including creating a statewide program for certification of nursing assistants. The current proposed revisions are focused on hospital and long-term care employees who work under the supervision of a licensed nurse. For clarification, the committee suggested that the title of the new certified employees should be something other than "nursing assistant-certified". Senator Kernan also recommended clarifying that receiving the certification is an optional activity and suggested establishing a fee structure for getting certification.

Performance Audit of ValueOptions

Charles Sallee, performance auditor, Legislative Finance Committee (LFC), addressed the committee on the performance audit on ValueOptions. Mr. Sallee reviewed significant findings that include:

- how the collaborative could still improve on its key statutory duties necessary to ensure a well-planned and functioning behavioral health system;
- how the collaborative's financial oversight of ValueOptions needs improvement to ensure sound business practices;
- that the collaborative lacks rulemaking authority needed to streamline regulations common to all behavioral health programs and to improve access to quality services, which results in the public lacking information on and input into its decisions;
- how New Mexico still lacks a unified behavioral health budget; and
- how consumers and families lack access to information on the quality and performance of ValueOptions and its network providers.

While the collaborative has encouraged involvement, there is no formal process for accepting public comment or conducting hearings, and the State Rules Act does not apply to the collaborative.

Further, significant terms have been put in the contract rather than in statute, a practice not recommended since it supplants the legislature's authority and since terms ensuring the minimum acceptable standards for performance and care should be clear in the law.

Significant recommendations for the collaborative and the legislature were also reviewed by Mr. Sallee. He noted there had not been a good baseline established previously. He also noted that ValueOptions was paid \$11 million without performance measures, undermining the legislature's funding standards. He explained that the payment could not be explained as payment for any services, and could cost as much as three to six percent to the state in lost earnings on the general fund.

Recommendations included: reporting data to the LFC; requiring the collaborative to create a strategic plan by summer 2007; reporting annually on progress made, including actual services delivered; ensuring that performance measures are clearly stated; changing the scope of the contract; eliminating any prepayment bonuses; establishing external auditors; publishing quality assessment results; and creating a behavioral health services budget that cuts across agencies.

Member questions included whether the state is getting better or more services with the reorganized behavioral health programs, the need for charted outcomes and problems of providers who did not receive timely payment from ValueOptions. Concern and confusion were expressed over the \$11 million payment, especially in a year when some providers allegedly were forced to close because of bureaucratic delays in shifting to the new system. Pamela Hyde, secretary of human services, commented that the collaborative's response to the LFC audit had

been circulated, indicating that the collaborative disagreed with 40 percent to 60 percent of the LFC findings and projected that it could take 10 years to fully transform the behavioral health system.

Revisions to the Children's Mental Health and Disability Act

Dave Schmidt, contractor with the CYFD, walked committee members through proposed revisions to the Children's Mental Health Act. Among the changes are putting the statutes regarding the least restrictive care early in statute and the more restrictive provisions later. At the time the original statutes were written, most children were in very restrictive care, so doing the reverse made sense; now, with *Olmstead* revisions requiring the least restrictive care be assigned first, it makes better sense to begin with more flexible standards. The strengths of the revisions include: detailing the rights of children, the responsibilities of service providers, the involvement of parents in treatment plans and the more logical flow, according to Mr. Schmidt. Tara Ford, executive director of Pegasus Legal Services, who worked with Mr. Schmidt and others on the revisions, stated that better treatment planning will be forced by revisions to the statute, since a review of files is due every 60 days, not just in the first 60 days and then again after a year has passed. Further institutions will be required to monitor psychotropic medications.

Representative Begaye asked the presenters to review the proposed changes with the Navajo Nation, especially since there are now 33,000 Native Americans in Albuquerque and the buy-in will come through the comment period, and then to report to him.

Child Psychiatry and University of New Mexico (UNM) Priorities

Steve Adelsheim, UNM, appeared before the committee to report on psychiatry in rural areas. He noted that one-half of those with mental health problems are identified by age 14, but often children do not have access to services for another six to eight years later. Mental health problems are frequently seen as co-morbidity with substance abuse.

Rural areas are in particular need of psychiatric services, yet the department is not requesting additional support since UNM has other higher priorities. After Senator Ortiz y Pino expressed concern that girls at the Youth Diagnostic and Detention Center receive services only from DOH while boys at the facility receive programming through both DOH and UNM Health Sciences Center, the committee suggested following up on mental health concerns for incarcerated children during the next interim.

More resources for school-based mental health care would help with suicide prevention and other mental health issues, according to Dr. Adelsheim. Discussion followed on the Youth Risk and Resiliency Survey (YRRS) and the federal Youth Risk and Behavior Survey.

UNM Priority Programs

Representatives from UNM reported that the top three university priorities are: the bachelor to M.D. (B.A. to M.D.) program, the expansion of nursing programs and pharmacy programs. A joint UNM-New Mexico State University program is in the works to address

shortages of pharmacies and pharmacists statewide, and more on these programs was presented to the committee.

Sandra Ferketich from the UNM School of Nursing presented on the need for nurses statewide, noting that the UNM nursing program needs recurring dollars so that she can budget for new nurses in ample time to enter into contracts with them. Without fulfillment of a \$6.1 million request for funding for all state universities for nursing departments, Ms. Ferketich predicted one-half of the state's nursing slots will be empty. Vanessa Hawker, UNM Health Sciences Center, testified that some formula funding is available for nursing programs through the Higher Education Department, but she is not certain that modifications to the formula will be made in a timely way to benefit nursing programs.

Bob Mayer, chair of the New Mexico Telehealth Commission, reported that a couple of telehealth initiatives are being proposed and that policy amendments are needed for the New Mexico Telehealth Act to ensure that providers of telehealth are paid. Discussion ensued on the differences among telehealth programs, on the educational versus direct services purposes of various telehealth programs and formula funding. A memorial regarding defining "telehealth procedures" was, reportedly, considered by the Indian Affairs Committee.

Carla Prando appeared before the committee to mention that a bill changing the state's Office of the Medical Investigator statute is currently being drafted. She said the new statute, by which the "Office of the Medical Investigator" would be changed to the "Office of the Medical Examiner", among other things, would be more inclusive of the Native American population of New Mexico and reflect that the office does both public health and safety as well as investigations. As the statute is currently written, there is no appeals process for the determination of suicide, either.

St. Vincent Regional Medical Center's Legislative Requests

Alex Valdez, chief executive officer, St. Vincent Regional Medical Center, spoke to the committee about that hospital's needs for a bigger emergency room, which will be funded through capital outlay; to become a designated level-three trauma center; to be designated as an electronic medical records center; and for a breast cancer and women's treatment program. He said the hospital also finds itself providing uncompensated medical care for indigent clients and therefore needs supplemental funding as a sole community provider in order not to lose supplemental federal funding available when counties match federal funds.

Questions from committee members included Santa Fe County's ability to charge a mill levy for indigent clients, the state constitutional provision that permits the hospital to receive state funds directly as a charity hospital funded by the territorial legislature and the possibility of a statewide tax for out-of-county indigent care.

Other Memorials

HM 37: Requiring Insurance for Contraceptives—Elisha Leyba-Tercero and Dr. Patrick Larragoite from the New Mexico Health Policy Commission (HPC) reported on a survey assessing current levels of compliance with current law that providers of health insurance provide coverage for contraceptives. The HPC asked 359 insurers, including some that provide only very limited coverage, whether they offer contraceptive coverage. Of the 50 providers who responded, 41 provide prescription drug coverage and 100 percent of those reported offering the coverage. Some 28 of these reported using formularies; however, and HPC has not yet checked coverage offered by the formularies. Part of the HM 37 requirement was to develop educational materials on contraceptives, which HPC has now done and posted on its web site. HPC also recommends that statutes be changed to recognize pharmacies as "providers" for the purpose of being able to dispense contraceptives.

HM 5 and HM 13: Mercury Reduction—Mack Sewell from the Department of Environment (NMED), Mary Jewell of the New Mexico Air Quality Control Board, Stewart Jeter from the City of Albuquerque and Lynn Flowers, bureau chief of the NMED, reported on the mercury reduction recommendation made in response to these two memorials. HM 5 mandated an action plan be developed so that the state could adopt a policy statement on reducing or eliminating vehicle emissions. The NMED intends to request \$100,000 immediately to reduce mercury, including that found in dental amalgams and other solid waste, and removing and recycling it from the waste in streams.

Medicaid Coverage for Substance Abuse—Reena Sypanski from the Drug Policy Alliance and Sally Moore of Community Action New Mexico came to talk about providing coverage of all substance abuse under Medicaid. Especially as the number of prisoners in New Mexico continues to increase, the state needs to rely less on incarceration as a corrections tool and to provide coverage through Medicaid programs, they said.

HM 16: Hearing Aids—Diane Wood reported on the findings of task forces established last year to examine the issues of hearing loss. The task force established by HM 16 recommends mandating that insurance companies must provide early audiology reports and provide quality care. Most insurance companies do not cover the cost of hearing aids currently, she said, though putting a hearing aid on a baby is no longer considered a waste of time, with the increase of awareness of the importance of early learning. The task force advocates mandating insurance coverage for both hearing and vision aids for children up through age 21 and eliminating the gross receipts tax on hearing aids and increasing Medicaid reimbursement for hearing aids.

HM 25: Workers' Compensation Premiums for Nonprofits—Charley Winters reported on the findings of the Insurance Division of the Public Regulation Commission (PRC) that noted workers' compensation premiums for nonprofits are excessive. He reported that no legislative action is needed or requested.

Health Liability Insurance—Affordability and Availability

Charley Marquez reported on medical malpractice premiums as a lobbyist for the New Mexico Health Care Association, the interest organization for the nursing home industry. Malpractice premiums have an impact on salary and affordability of all premiums, Mr. Marquez reported. The group recommends doing something similar to the Medical Malpractice Act by beginning to transfer liability and build it into the cost of nursing care, thereby reducing the impact of such malpractice payments, especially on rural providers. He mentioned that Texas now has put limits on punitive damages available to those alleging malpractice.

Improving Health Infrastructure in New Mexico

Nikki Zeunner and Lauren Reichelt from the New Mexico Nonprofit Association urged the committee to create comprehensive statewide programs for nonprofits for the purposes of building healthier communities. With better infrastructure, support, board training and orientation, statewide nonprofits could be in much better shape to provide the administration of programs that is so badly needed across the state, especially in building health programs that involve communities in wellness and prevention.

The meeting recessed at 7:00 p.m.

Tuesday, November 21

Subcommittee 1:

Subcommittee members present included Senator Lopez and Representative Heaton, co-chairs, Senators Kernan and Komadina and Representatives Picraux, Vaughn, Garcia and Varela. Representative Heaton called the meeting to order at 9:00 a.m. and reminded the members that the presentations before the subcommittee this morning would require deliberation and agreement on the requests to go before the formal committee.

#1: Regional Alcohol Treatment Facility - Fort Sumner

Representative Campos reviewed the eight-county initiative to build a substance abuse center in Fort Sumner. The cost includes:

Treatment Center	\$1,314,000
Medical Detox	730,000
Other Administrative Costs	960,000
Subtotal	\$3,004,000

Representative Heaton clarified that there is no funding with the exception of county DWI money. The total amount requested to enable phase-in is \$1.7 million to increase funds as results are shown in the future. Representative Campos clarified that it is expected the funding would be recurring and Medicaid would be used when available. The integration with the Behavioral Health Collaborative is unclear to date due to the inability to meet and discuss.

Committee questions included current and future facility usage and the collaboration with other local entities.

#2: Early Childhood Action Network

Angie Vachio, Early Childhood Action Network, presented a history of the Early Childhood Action Network. Baji Rankin addressed the committee on the areas of family involvement and quality early learning from the 2008 policy recommendations summary. Representative Heaton requested the presenters clarify each individual request. Funding request totaled \$18,783,600.

#3: Developmental Disabilities Request and Family, Infant, Toddler Programs

Ana Hatanaka reviewed the 2007 legislative requests and reviewed the program funding and statutory requests, as well as a memorial request. (Item #2)

#4: Lovelace Clinic Foundation

Maggie Gunter, Lovelace Clinic Foundation, spoke on the New Mexico Health Information Collaborative's (NMHIC) ability to connect doctors to missing information. She clarified that her request is for \$2.4 million. (Item #3)

#5: Treatment of Adolescent Sex Offenders

Teresa Jacobs, MPH, and Kim Alaburda, executive director, New Mexico Coalition of Sexual Assault Programs, presented to the committee regarding the coalition's programs. They requested \$150,000 in recurring funding for training of existing programs throughout the state and a mandate to DOH to provide staff to support this service.

#6: March of Dimes

Loretta Quintana, state director, and Tony Base, March of Dimes New Mexico chapter, addressed the committee on development of a birth defects registry. Ms. Quintana said Senator Komadina will be introducing a bill involving approximately \$150,000 in recurring funds for the birth defects registry through DOH to replace the grant currently funded through the Centers for Disease Control and Prevention, which will be ending.

#7: Smoke-Free Workplaces

Nathan Bush spoke to the committee regarding a bill proposing smoke-free workplaces.

#8: Christian Science Committee on Publication

Shannon Horst asked for a statutory change in order that medical criteria and requirements will not be imposed on the services of Christian Science nurses.

Subcommittee 2:

Subcommittee members present included Senator Papen and Representative Trujillo, co-chairs, Representatives Begaye, Lujan, Sandoval and Miera and Senators Feldman and Tsosie. Representative Trujillo called the meeting to order at 9:05 a.m.

#1: Women's Health Services

Dr. Justina Trott discussed the proposal of Women's Health Services for purchase of a building and for direct services. The group requests recurring funding for electronic medical records (operational support) as well as support to do a pilot project using the new building as a means to decrease energy use through modeling "green" building codes.

#2: Santa Fe Mountain Center

Board President Jennifer Croix discussed the strengths of the 28-year-old Santa Fe Mountain Center programs in providing experiential therapy for juveniles statewide. Programming includes river rafting, rock climbing and community-based programs. The center leads the nation in evidence-based research. The current request is for \$530,000 in capital outlay funding.

#3: LIHEAP

The committee discussed ways to provide permanent funding for the Low Income Home Energy Assistance Program (LIHEAP), which was funded at \$23 million in the 2006 special session but which received no funding for the current year.

Ernie C' de Baca from PNM spoke on the importance of changing the law prohibiting disconnections during the winter months while LIHEAP funds are available, especially when the state has provided no LIHEAP funding. He also raised the issue of the need to ensure that poor people are not met with an undue burden of back bills because of paying nothing over the colder months. The PNM-backed legislation would require a consumer to pay a minimum of 25 percent of the billed amount and for the state at a minimum to match federal LIHEAP funds before imposing a moratorium on disconnects.

Ona Porter, representing Jami Lara-Porter at the Community Action Agencies, spoke on alternate means of financing energy funding for the poor without saddling poor users with stigmas and urged the committee to direct the PRC to address LIHEAP in its rate structure, as required by the *Mountain States* lawsuit. The Community Action Agencies urged legislators to ensure that energy be affordable and provided with dignity for low-income consumers of utilities. Cathy Sisneros, Human Services Department, provided committee members with a list of varying approaches for LIHEAP funding from other states. On questioning by Senator Ortiz y Pino, PNM said it received 52 percent of the state's \$23 million appropriation last year, though a long list of other vendors also received funding. Households that qualify for LIHEAP funding are at or below 150 percent of federal poverty levels and are citizens. Payments are made directly to vendors on their behalf, unless the recipient of LIHEAP funding heats with the recipient's own wood. Senator Feldman asked Ms. Porter to give the committee her proposals.

On motion of Representative Sandoval and seconded by Senator Tsosie, the subcommittee recommended two bills: one creating a permanent fund for LIHEAP and the other fixing a \$2 million recurring emergency appropriation. Senator Tsosie moved to take the issue of a moratorium on utility disconnects off the list of recommendations, but encouraging the

LIHEAP Subcommittee created at the November 1 meeting of the whole to meet. If the subcommittee cannot reach consensus, matters would move forward with individual bills to address the moratorium.

#4: Rolfing

Valerie Berg presented the case for removing those who practice rolfing from the oversight of the State Massage Board. Rolfing is not massage and is not like massage, she said, and anyone certified as a rolfer already is under supervision of the national board. Further, having to take classes in massage or other disciplines not pertinent to the practice in order to maintain a rolfing license is wasting the time and resources of rolfers.

#5: Nurse Advice Line

Fornessa Randal and Dr. Bruce Kaufman presented the need for more funding for the nurse advice line at UNM, which already receives 7,000 calls per day and expects 12,000 per day by January. The line is operated through a private-public partnership that involves managed care organizations as well as nurses, many of them retired, who serve on contract. The program will be available statewide within the coming year. They noted that among the benefits of the line is that it provides a triage system that advises patients whether or not to go to an emergency room. Some 64 percent of those surveyed by the nurse advice line answered that they would have sought help at an emergency room if they had not been able to speak with a nurse on the nurse advice line. While the organization is working with the DOH to be included in the department's permanent budget, it will still need additional funding in the coming session. The organization requests an additional \$500,000 to support the cost of providing services to uninsured clients.

#6: Aspartame

Stephen Fox presented news of a response from Dr. Von Eschenbach to letters from legislators regarding the dangers of aspartame use and suggested further steps to persuade those at the federal level to prohibit use of aspartame. He also suggested broadening the focus of activism to include Splenda, saccharin and colas with sugar in them. He urged committee members to write Senators Edward Kennedy and Patrick Leahy to urge them to convene hearings of the congressional health and judiciary committees.

#7 Autism—Behavioral Health Collaborative

Gay Finlayson and Liz Thompson requested the committee to fund autism spectrum disorder programming and brought a parent to highlight the inconsistency of having to wait on a list of waived clients awaiting services while the child with an autism spectrum disorder aged out of being able to put such services to full use. She said the governor's proposal includes funds for early diagnosis and training for professionals, but not necessarily for doctors. Sam Howarth, DOH, noted that providing coverage for children with autism spectrum disorder would require amendments to the state Medicaid plan. However, changing the federal plan would require a number of steps to overcome barriers such as the federal definitions that waivers be granted to facilities and that treatment programs are covered, but autism spectrum disorder diagnosis and services are not defined as a treatment. Senator Feldman emphasized that improving funding for

those with autism spectrum disorders is the first priority of the state's largest behavioral health collaborative so, while it is difficult to untangle necessary steps, it is important.

Protest

Representative Begaye protested the scope and direction of the proposals presented, noting that he had decided to ask only those with programs of statewide impact to come before the committee, whereas his view was that the subcommittee was presented with programs sometimes with only local impact. He was asked to bring the issue to the whole committee.

Reconvening the Whole Committee

The committee reconvened as a whole to review subcommittee recommendations. Members discussed whether to endorse appropriations that will have effect statewide or include regional impact appropriations. The committee agreed to make deciding Representative Begaye's issue a priority for the next interim.

A motion was made by Representative Trujillo, seconded by Representative Vaughn to accept the report of each subcommittee for an up or down vote; the motion carried with one objection. Subcommittee decisions to vote against a measure would be accepted; those that carried would be included in the rankings and weighted voting would be done on the matrix of bills presented to the committee over the interim. The request was made to give a one-line discussion on the items included in the matrix presented if a draft of the bill was not included.

Representative Heaton reviewed the presentations before Subcommittee 1 which included support for all but the following measures: state general funds waiver services for persons with developmental disabilities (the "DD waiver"); amending the Family, Infant, Toddler Program to prohibit collecting copayments; and creating an annual Medicaid waiver. Representative Trujillo reviewed the presentations before Subcommittee 2, which included support for all the presentations except for that on aspartame.

Senator Komadina moved that the findings of the subcommittee be accepted without reading into the record, which was seconded by Representative Sandoval.

The meeting recessed at 5:10 p.m.

Wednesday, November 22

Representative Picraux reconvened the meeting at 9:00 a.m. Ms. Lusk reviewed policy concerns expressed during the interim with the committee, and committee members decided as follows:

For LIHEAP and related issues, the committee endorsed requesting \$4 million for emergency LIHEAP funds and encouraged the subcommittee appointed November 1 to meet to reach any consensus issues possible otherwise.

For out-of-county indigent care, the committee endorsed Representative Trujillo's planned memorial directing the HPC to arrive at a unified definition of indigent care and convening a task force that includes the New Mexico Association of Counties and Hospital Association to recommend changes to the Indigent Fund Act. The HPC should, by rule, standardize language so the task force can agree to report consistent "apples to apples" data so the HPC can fulfill its statutory duty to collect information on indigent care.

A motion was made to have a task force of 15 members appointed with statewide representation, with legislators as advisory members, and county representatives from all involved through the HPC to study indigent care, definitions and related issues such as taxes, which was seconded by Senator Ortiz y Pino. There was no objection and the motion passed.

It was suggested to request a discreet line-item from LFC on the budget for ValueOptions and present an annual report of the source of money and where the money is being spent by ValueOptions to the committee. The committee will write LFC and request a unitary budget for ValueOptions and will annually request a report to LHHS from ValueOptions.

The matrix was reviewed for appropriations requests. It is attached to this report in priority order for appropriations requests, and only those appropriations with a ranking of 2.5 or above on a 4.0 scale are included. Some items came before the committee without sponsors; those items will be endorsed if advocates find a sponsor.

Minutes

The minutes of the November 1-3, 2006 meeting were approved unanimously with the amendment that the LIHEAP Subcommittee was appointed on November 1 (minutes were amended to reflect the change).

Adjournment

Representative Picraux adjourned the meeting at 11:58 a.m. after thanking committee members for their enthusiastic participation and courtesy, and the staff for its work.